FORM APPROVED Health Standards Section (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: _ B. WING BH0004174 04/25/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2414 BUNKER HILL DRIVE **CENIKOR FOUNDATION BATON ROUGE, LA 70808** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 2 000 Initial Comment 2 000 Re-licensing Survey BHS = Behavioral Health Service 2 181 2 181 5641 D General Requirements D. Criminal Background Checks For any provider that is treating children and/or adolescents, the provider shall either: obtain a statewide criminal background check by an agency authorized by the Office of State Police to conduct criminal background checks on all staff that was conducted within 90 days prior to hire or employment; or request a criminal background check on all staff prior to hire or employment in the manner required by R.S. 15:587.1 et seq. For any provider that is treating adults, the provider shall obtain a statewide criminal background check on all unlicensed direct care staff within 90 days prior to hire or employment by an agency authorized by the Office of State Police to conduct criminal background checks. The background check shall be conducted within 90 days prior to hire or employment. A provider that hires a contractor to perform work which does not involve any contact with clients is not required to conduct a criminal background check on the contractor if accompanied at all times by a staff person when clients are present in the provider.

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE.

This STANDARD is not met as evidenced by: Based on record reviews and interviews, the BHS provider failed to ensure all staff had statewide

Health Standards Section (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 04/25/2019 B. WING BH0004174 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2414 BUNKER HILL DRIVE CENIKOR FOUNDATION **BATON ROUGE, LA 70808** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) 2 181 2 181 Continued From page 1 criminal background checks conducted by an agency authorized by the Office of State Police for 2 of 2 (S4BHT, S5MT) unlicensed personnel out of a total of 10 personnel records reviewed. Findings: Review of the personnel records for S4BHT revealed a date of hire of 07/02/2018. A criminal background check was conducted on 06/21/2018 by an agency not authorized by the Office of State Police. Review of the personnel records for S5MT 06/04/2019 No clients were effected by using a revealed a date of hire of 03/26/2018. A criminal background check company that was not background check was conducted on 04/27/2018 an authorized agency. Cenikor will make by an agency not authorized by the Office of State arrangements with one or more of the Police. agencies on the on the "Louisiana State Police Authorized agencies list" and will An interview was conducted with S3AA on start utilizing that agency/agencies within 04/24/2019 at 1:50 p.m. She stated she was the next 30 days. unaware there was a list of authorized agencies they had to follow when requesting criminal No clients were or will be effected by using background checks. a background check company that was not an authorized agency. Cenikor will make An interview was conducted with S2CHRM on arrangements with one or more of the 04/24/2019 at 1:54 p.m. She stated she had agencies on the on the "Louisiana State been in her position for nine years and was Police Authorized agencies list" and will unaware there was a list of authorized agencies start utilizing that agency/agencies within they had to follow when requesting criminal the next 30 days background checks. Cenikor will make appropriate 2 291 arrangements with one or more of the 2 291 5667 A-C Interior Space for Resential Facilities agencies on the on the "Louisiana State Police Authorized agencies list" and will A.The BHS provider that provides services start utilizing that agency/agencies within on-site shall: the next 30 days 1. have a physical environment that ensures the health, safety and security of the clients; Cenikor HR staff will conduct a criminal 2. have routine maintenance and cleaning

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background check within 90 days prior to hire utilizing an approved agency.

Health Stand	ndards Section		Background check will be reviewed and approved by either Facility Director or Senior Director. Approved background check will then be scanned to corporate HR staff for further verification. HR files are	
			audited on a monthly basis and any discrepancies reported to Human Resources for corrective action.	
		5.	Cenikor will use one or more of the agencies on the on the "Louisiana State Police Authorized agencies list" and will start utilizing that agency/agencies within the next 30 days (by June 4 th 2019).	
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PRINTED: 04/26/2019 FORM APPROVED Health Standards Section (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ 04/25/2019 B. WING BH0004174 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2414 BUNKER HILL DRIVE **CENIKOR FOUNDATION BATON ROUGE, LA 70808** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRFFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 2 291 2 291 Continued From page 2 services; 3. be well-lit, clean, safe and ventilated; 4. maintain its physical environment, including, but not limited to, all equipment, fixtures, plumbing, electrical, furnishings, doors and windows, in good order and safe condition and in accordance with manufacturer's recommendations; and 5. maintain heating, ventilation and cooling systems in good order and safe condition to ensure a temperature controlled environment. B. The provider shall have designated space for the secure storage of the staff's personal belongings. C. Furnishings. The BHS provider shall ensure that the provider 's furnishings for all living and treatment areas are designed to meet the needs

This Rule is not met as evidenced by: Based on observations and interviews, the BHS provider failed to maintain its physical environment, including the kitchen walk-in refrigerator flooring area, ensuring the safety of the clients.

Findings:

of the clients.

On 04/23/2019 at 10:17 a.m., the flooring in the walk-in refrigerator located in the facility kitchen was observed with S1BM. The flooring sagged inside the entry and mid-way into the refrigerator.

An interview was held with S1BM on 04/23/2019 at 10:20 a.m. S1BM stated the walk-in refrigerator floor needed to be repaired right

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Health Standards Section										
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED					
		BH0004174	B. WING		04/25/2019					
NAME OF PROVIDER OR SUPPLIER STREET ADDR			ADDRESS, CITY, ST	TATE, ZIP CODE						
2414 BUNKER HILL DRIVE CENIKOR FOUNDATION										
BATON ROUGE, LA 70808										
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI- CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE COMPLETE					
2 291	Continued From page	e 3	2 291							
	away. S1BM confirmed the walk-in refrigerator was designated for client use and the facility's clients staffed the kitchen.			No clients were effected by t cooler floor. Cenikor has cor have the floor fixed. Work wi completed within the next 30	ntracted to					
				2. No clients were or will be effithe walk in cooler floor. Cenicontracted to have the floor will be completed within the days.	kor has fixed. Work					
				3. Cenikor has contracted to h floor fixed. Work will be com within the next 30 days. Wal floor will be checked monthly Building Maintenance check	pleted k in cooler / as part of					
				4. Walk in cooler floor will be clearly part of the monthly Building Maintenance checklist. This assurance measure will verificompliance and indicate any corrective action needed.	quality fy					
				5. Work on the walk in cooler fl complete within the next 30 d June 4 th 2019).	i					

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